Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046095	A. BUILDING: _____ B. WING _____	R-C 07/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN LEAVES OF OVERLAND PARK	12701 PFLUMM ROAD OVERLAND PARK, KS 66213

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{S 000}	INITIAL COMMENTS	{S 000}		
S3105 SS=D	26-41-202 (j) Negotiated Service Agreement Outside Resource (j) If a resident's negotiated service agreement includes the use of outside resources, the designated facility staff shall perform the following: (1) Provide the resident, the resident's legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family, with a list of providers available to provide needed services; (2) assist the resident, if requested, in contacting outside resources for services; and (3) monitor the services provided by outside resources and act as an advocate for the resident if services do not meet professional standards of practice This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-202 (j)(3) The facility reported a census of 47 residents. The sample included 1 residents and 2 closed review residents. Based on record review and interview, for 1 closed review resident (#1723), the operator failed to ensure, if a resident's negotiated service agreement includes the use of outside resources, the designated facility staff shall monitor the services provided by outside resources and act as an advocate for the resident if services do not meet professional standards of practice.	S3105		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S3105	Continued From page 1 Findings included: - Record review for resident #1723 recorded admission date of 6/6/18 with diagnoses of: Alzheimer's, 2 hip replacements, colon cancer, hypertension, dementia, depression and gout. Functional Capacity Screen dated 6/6/18 recorded resident required physical assistance with bathing, dressing and toileting. Resident is unable to perform management of medications and treatments. Negotiated Service Agreement/ Health Care Service plan (NSA/HCSP) dated 6/6/18 recorded staff to provide assistance with bathing, dressing, toileting and management of medications and treatments. Hand written in on the NSA/HCSP the following additions: 3/21/19: increased weakness/lethargy due to Gout, 2-person transfer with gait belt to decrease risk of falls/injury. PT/OT/ST (physical therapy, occupational therapy, speech therapy) evaluation and treatment by [company name]. 5/3/19: Admit to [name] hospice per physician's order, Hospice to provide skilled nursing visits, home health aide visits, equipment, medications related to diagnoses. Sit to stand lift 2- person transfer. 5/19/19: Treat to wounds lower extremities, Hospice and LPN (licensed practical nurse) to treat, wears foot boots 24/7 (24 hours a day/ 7 days a week).	S3105		

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S3105	Continued From page 2 6/10/19: [company] hospice social worker to reach out to resident's [child name] to discuss "higher level of care." Nursing Notes dated 6/25/19 at 8:20am recorded: "Hospice CNA (certified nurse aide) reported to this RN (registered nurse) that larvae were crawling out of residents wound during his/her shower this AM. Hospice CNA reported that he/she notified Hospice RN. This RN also placed call to Hospice RN, stating resident should be seen ASAP (as soon as possible) by wound care specialist or sent to ER (emergency room) for debridement and disinfection of wounds." Signed by licensed administrative nurse #B. On 7/23/19 at 4:15pm requested Hospice notes for 6/24/19, Licensed nurse #B confirmed records not available on resident record, but are online, and cannot be accessed since resident has been discharged. Records were scanned and faxed to facility, received on 7/23/19 at 5:38pm. Hospice visit note report dated 6/25/19 at 9:34am recorded shower completed, "Note: during shower, dressing dated 6/22 on right big toe fell off and I [home health aide (HHA) #C]and facility staff [Certified staff #D] observed maggots coming out of wound and falling on shower floor. RN [hospice nurse #E] notified, facility director of nursing notified." Electronically signed by hospice HHA #C. Hospice skilled nursing visit report dated 6/24/19 at 11:23pm recorded resident had 3 stasis ulcers on his/her right foot. #1 on resident inner heel, #4 mid edge of right foot, #5 anterior edge of right foot and #8 right heel. All areas recorded as cleansed with wound cleanser, pat dry, apply Adaptec alginate (wound dressing) and cover with	S3105		

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S3105	Continued From page 3	S3105		

mepilex (self- adhering foam dressing) "Change every Monday, Wednesday and Friday and as needed per orders." Moderate exudate with necrotic tissue present.

Interview on 7/24/19 at 10:30am with hospice nurse #E confirmed he/she changed the resident's dressings on 6/24/19. He/she stated the HHA found the larvae on resident's right bunion area (#5).

Interview on 7/24/19 at 10:20am with administrative licensed nurse #B confirmed he/she spoke with the hospice aide who said the maggots were flushed down the drain. He/she looked at the heel wounds and did not see maggots (larvae). He/she confirmed he/she does not go with home health/hospice nurses when they visit the resident. Resident went to the wound care doctor the following day (6/26/19) and maggots were not found. He/she stated 6/22/19 was a Saturday and dressing may have been changed by a facility nurse. He/she confirmed record lacked a June 2019 treatment record.

According to the website United States National Library of Medicine: blow flies most commonly deposit eggs in dead tissue. The eggs hatch into first-stage maggots within 24 hours.

For resident #1723, the operator failed to ensure, if a resident's negotiated service agreement includes the use of outside resources, the designated facility staff shall monitor the services provided by outside resources and act as an advocate for the resident if services do not meet professional standards of practice.

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{S3211}	Continued From page 4	{S3211}		
{S3211} SS=F	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g) (3) The facility reported a census of 47 residents. The sample included 1 resident and 2 closed review residents. Based on observations and interviews for all residents of the facility, the operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter medications. Findings included: - Observation on 7/23/19 at 2:45pm, during	{S3211}		

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{S3211}	Continued From page 5 facility tour of the facility's medication carts, revealed bottles of over the counter medications (OTC) that lacked residents' full names, including the following: Medication cart #1 with administrative nurse #B: In large top left drawer: 1 Acetaminophen (pain/fever), 650 mg (milligrams) suppository loose in drawer. Medication Cart #2 with administrative nurse #B: In large top left drawer: 3 bisacodyl Suppositories (constipation), 10mg each, loose in drawer, In large 2nd left drawer: Natural 900 CBD oil (cannabidiol: for anxiety, pain)30 ml (milliliters), open, In small 3rd right drawer: HyVee Brand Sentry Senior Multivitamin, 200 tablets, open, Treatment Cart with administrative nurse #B: In the top drawer: DG health brand Advanced relief eye drops, 0.5 fluid ounces. All medications listed lacked resident names. Interview on 7/23/19 at 2:45pm with administrative nurse #B confirmed OTC medications lacked full resident names and he/she was unable to say what resident some of the medications belonged to. Observation on 7/23/19 at 2:45pm on medication/nurses room door, notice of a mandatory staff in-service for 7/25/19. Interview on 7/24/19 at 10:12am with operator #A stated a staff in-service regarding OTC medications had not been completed and was scheduled for 7/25/19. He/she confirmed facility lacked a policy on OTC medications.	{S3211}		

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{S3211}	Continued From page 6 Resident roster for 7/23/19 recorded all residents received medication assistance. For all residents of the facility, the operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter medications.	{S3211}		